

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer

3434 Marconi Avenue, Sacramento, CA 95821

Phone (916) 265-3400 Fax (916)442-1861

Position(s) Applied For		Date of Application	
How Did You Learn About Us? (Circle)			
Advertisement	Friend	Walk-In	
Employment Agency	Relative	Other	_____
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Email	

Are you at least 18 years old? (If under 18, work permit will be required and hire is subject to verification that you are of minimum legal age.) Yes or No

If hired, would you have a reliable means of transportation to and from work? Yes or No

Have you ever been employed with us before? Yes or No

If Yes, give date _____

Have you been a client of Volunteers of America NCNN within the past two (2) years? Yes or No

If Yes, give date _____

Are you available to work (circle all that apply): Full Time Part Time On Call Temporary

If hired when would you be available to start? _____

If hired, and your new job duties require you to drive either a company vehicle or your own personal vehicle, do you authorize us to obtain a record from the Department of Motor Vehicles to provide our insurance broker and carrier?..... Yes or No

NOTE: All job classifications require a background check prior to employment. Conviction of a crime is not necessarily a bar to employment. Each case is considered separately based on job requirements.

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?..... Yes or No

If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for the eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and skill and agility tests.)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

EDUCATION

	Name and Address of School	Did You Graduate	Number of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and job related activities.

Describe any job-related training received in the United States Military.

List professional, trade, business or civic activities or offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name	Address	Phone	Occupation	Years Known

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	DATE EMPLOYED		Job Duties
	From	To	
Address			
Telephone Number(s)	Job Title		
Supervisor	May We Contact? (circle one) Yes or No		
Reason For Leaving			

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EMPLOYMENT APPLICATION ADDENDUM

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Volunteers of America Northern California & Northern Nevada (VOA) to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to VOA any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation and disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and VOA. In addition, I understand and agree that if I am employed, it is "*at will*", my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or VOA, and that no promises or representations contrary to the foregoing are binding on VOA, unless made in writing and signed by me and the company's authorized executive.

_____ I understand that pursuant to the California Penal Code 11105.3 and the Federal National Child Protection Act, Volunteers of America Northern California & Northern Nevada adhere to a practice of requesting criminal record information from all employees, prospective employees, and volunteers.

_____ I am aware that Volunteers of America Northern California & Northern Nevada is a religious agency and does not participate in State Unemployment or Disability Programs.

Signature of Applicant

Date

AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY

The following information is being collected for Affirmative Action requirement *only*. It will be separated from your application for employment, and it will be kept completely confidential. Your assistance in providing this information is strictly voluntary.

NAME: _____ DATE: _____

JOB FOR WHICH YOU ARE APPLYING: _____

REFERRAL SOURCE: _____

GENDER: ___ Male ___ Female

DATE OF BIRTH: _____

Explain any work restricting disability you may have: _____

ETHNIC BACKGROUND:

___ AMERICAN INDIAN or ALASKAN NATIVE

___ ASIAN

___ BLACK or AFRICAN AMERICAN

___ HISPANIC or LATINO

___ NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER

___ TWO OR MORE RACES

___ WHITE or CAUCASIAN

Vietnam Era Veteran: _____ Yes (Served between 08/05/64 and 05/07/75) _____ No

Disabled Veteran: _____ Yes (receives 30% military disability) _____ No